

CAMZYOS® REMS

Drug Interaction and Counseling Checklist for Pharmacies

Instructions:

Complete this form prior to each dispense of CAMZYOS. Complete online at **CAMZYOSREMS.com** or fax the completed form to the CAMZYOS REMS at 833-299-9539. Do not dispense CAMZYOS until the authorization to dispense is received.

Step 1:

Patient Information (Fields marked * are REQUIRED)		
*First Name:	Middle Initial:	*Last Name:
*Date of Birth: _____ Month/Day/Year		

Healthcare Provider Information (Fields marked * are REQUIRED)	
*First Name:	*Last Name:
NPI #:	Phone: _____ Area Code/Telephone Number

Pharmacy Information (Fields marked * are REQUIRED)			
*Pharmacy Name:	*Pharmacy NPI #:		
*Pharmacy Address:	*City:	*State:	*ZIP Code:
Phone: _____ Area Code/Telephone Number			

This is a: ☐ New prescription ☐ Refill at the same dose ☐ Restart after temporary interruption ☐ Dose increase ☐ Dose decrease (rationale): ☐ LVEF <50% ☐ VLVOT <20 mmHg ☐ Drug interaction ☐ Other not listed on Patient Status Form



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Step 2: Drug Interaction Screening

- ☐ I have reviewed the patient's current medical conditions for which they are under a healthcare provider's care. List current medical conditions for which they are under a healthcare provider's care.

- ☐ I have reviewed with the patient their current prescription and nonprescription medications and supplements. List the current prescription and nonprescription medications and supplements that the patient is currently taking.

List any new prescription or nonprescription medications or supplements since the last fill of CAMZYOS. (If this is the first prescription, move to Question 1.)

1. Check ALL current medications and supplements for contraindications (strong CYP2C19 inhibitors, moderate to strong CYP2C19 inducers, or moderate to strong CYP3A4 inducers). **If contraindicated medication(s) are found, do not fill CAMZYOS and contact the healthcare provider.**
 - a. Is the patient taking a contraindicated medication? ☐ Yes ☐ No
If yes, please provide the contraindicated medication(s):
2. Check for drug interactions that require dose adjustment (moderate to strong CYP3A4 inhibitors or weak to moderate CYP2C19 inhibitors). **If found, do not fill CAMZYOS, and contact the healthcare provider for dose adjustment.** If the CAMZYOS dose is already adjusted, contacting the healthcare provider is not necessary.
Note:
 - Patients who are on stable therapy with a moderate CYP3A4 inhibitor or a weak CYP2C19 inhibitor prior to initiating CAMZYOS should initiate CAMZYOS at the recommended **5-mg starting dose (or 2.5-mg if pediatric patient <45 kg)**
 - Patients who are on stable therapy with a strong CYP3A4 inhibitor or a moderate CYP2C19 inhibitor prior to initiating CAMZYOS should initiate CAMZYOS at a **2.5-mg starting dose (or 1-mg if pediatric patient <45 kg)**
 - a. Is the patient taking a medication that requires a CAMZYOS dosage adjustment? ☐ Yes ☐ No
If yes, please provide the medication(s) that require(s) a CAMZYOS dosage adjustment:
3. The interacting medication/supplement was prescribed/recommended by:
 - ☐ A CAMZYOS-certified healthcare provider/designee
 - ☐ Other healthcare provider/designee
 - ☐ Purchased over the counter by patient
 - ☐ Contacted healthcare provider via _____ on _____ Month/Day/Year
 - ☐ Action taken for contraindicated medication(s):
 - ☐ CAMZYOS discontinued ☐ Other medication(s) discontinued
 - ☐ Action taken for medication(s) requiring dosage adjustment:
 - ☐ CAMZYOS discontinued ☐ CAMZYOS dose decreased ☐ Other medication(s) discontinued



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Step 3: Counseling

- ☐ I have instructed the patient to notify their healthcare provider of new or worsening symptoms of heart failure such as shortness of breath, chest pain, fatigue, palpitations, leg swelling, and rapid weight gain.
- ☐ I have instructed the patient to notify their healthcare provider and pharmacy prior to the use of any new prescription or over-the-counter medication or supplement or prior to stopping any medication.

Pharmacist Name: _____ Date: _____
Month/Day/Year

Examples of Drugs Contraindicated With CAMZYOS—DO NOT DISPENSE CAMZYOS*

Strong CYP2C19 Inhibitors

Diflucan (fluconazole)
Fluvoxamine

Prozac (fluoxetine)
60 mg once daily

Vfend (voriconazole)

Moderate to Strong CYP2C19 Inducers or Moderate to Strong CYP3A4 Inducers

Cerebyx (fosphenytoin)
Dilantin (phenytoin)
Erleada (apalutamide)
Intelence (etravirine)
Lysodren (mitotane)

Mysoline (primidone)
Nafcillin
Phenobarbital
Rifadin (rifampin)
St. John's wort

Efavirenz
Tracleer (bosentan)
Tegretol (carbamazepine)
Xtandi (enzalutamide)

*This table contains select examples and is not comprehensive.



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CAMZYOSREMS.com

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Examples of Drugs That Interact With CAMZYOS—Dose of CAMZYOS Must Be Adjusted*

Please see CAMZYOS Prescribing Information.

Note: Patients who are on stable therapy with a weak CYP2C19 inhibitor or a moderate CYP3A4 inhibitor prior to initiating CAMZYOS should initiate CAMZYOS at the recommended 5-mg starting dose (or 2.5 mg for pediatric patients <45 kg). Patients who are on stable therapy with a strong CYP3A4 inhibitor or a moderate CYP2C19 inhibitor prior to initiating CAMZYOS should initiate CAMZYOS at 2.5-mg starting dose (or 1 mg for pediatric patients <45 kg).

Weak CYP2C19 Inhibitors or Moderate CYP3A4 Inhibitors

Verapamil	Erythromycin	Prilosec (omeprazole)
Cardizem (diltiazem)	Multaq (dronedarone)	20 mg once daily
Cipro (ciprofloxacin)	Isoniazid	Tagamet (cimetidine)

Strong CYP3A4 Inhibitors

Clarithromycin	Ritonavir-containing products	Viracept (nelfinavir)
Grapefruit juice	(eg, Norvir, Paxlovid, Kaletra)	Zydelig (idelalisib)
Oral ketoconazole	Nefazodone	
Noxafil (posaconazole)	Sporanox (itraconazole)	

Moderate CYP2C19 Inhibitors

Felbatol (felbamate)	Prilosec (omeprazole)	Prozac (fluoxetine)
Nexium (esomeprazole)	40 mg once daily	20 mg once daily or less

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